-ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

FORM D



1195781 UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden

hours per form

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY				
Prefix Serial				
DATE RECEIVED				

Name of Offering (check if this is	an amendment and name h	as changed, and indi	cate change.)		
Series C Preferred Stock Financin	g	•			
Filing Under (Check box(es) that app	ly): □ Rule 504	☐ Rule 505		☐ Section 4(6)	☐ ULOE
TO CENT THE PUT					
Type of Filing: New Filing	☐ Amendment	50000000000000000000000000000000000000		-5	
	A PRINCIPAL PRIN	DENTIFICATIO	ON DATA	Marine a result of the second	
1. Enter the information requested a	oout the issuer				
Name of Issuer (☐ check if this is	s an amendment and name h	as changed, and indi	icate change.)		
Reflectivity, Inc.					
Address of Executive Offices	(Number and Stre	et, City, State, Zip C	Code) Telephone	Number (Including A	rea Code)
350 Potrero Ave., Sunnyvale, CA	94085		(408) 737	-8100	
Address of Principal Business Operat	ions (Number and Stre	et, City, State, Zip C	Code) Telephone	Number (Including A	rea Code)
(if different from Executive Offices)			(Same a	1/1/ /8 %	
Brief Description of Business:					NEST.
Developing innovative optical MEI	MS (micro-electro-mechai	nical-systems) dev	ices for high defi	nition displays and o	ther applications
1 3	•	, , ,			W.C.
Type of Business Organization		······································		/ OCT NO	2002 >>
✓ corporation	☐ limited partnership, alt	and formed	Пон	her (please specify):	LUMB /
□ business trust		•	□ 0ι		
- Dusiness trust	☐ limited partnership, to		V		POCESSED
		Month	Year	1857 100	WOLULD !
Actual or Estimated Date of Incorpora	tion or Organization:	0 4	9 8	🗵 Actual 🗆 Estimat	ETOT IN L. JOHN
•					OCT 014 2002
Jurisdiction of Incorporation or Organ	zation: (Enter two-letter U	S. Postal Service ab	breviation for State	:	
CN fo	r Canada; FN for other forei	gn jurisdiction)		CA	THUMSON
01110	,	6 J		لنا لنا	FINIANICIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

0521845.01



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Buxtecrinal appro-	□ Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or
Check Box(es) that Apply:	□ Tromoter	Denencial Owner	Executive Officer	E Director	Managing Partner
Full Name (Last name first,	if individual)				
Robert M. Duboc					
Business or Residence Addr	ress (Number an	d Street, City, State, Zip Code)		
c/o Reflectivity, Inc., 3910	Freedom Circle	e, Suite 103, Santa Clara, C	A 95054		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partne
Full Name (Last name first,	if individual)				
Andrew Huibers					
Business or Residence Addr	ress (Number an	nd Street, City, State, Zip Code)		
c/o Reflectivity, Inc., 3910	Freedom Circle	e, Suite 103, Santa Clara, C	CA 95054		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		⊠ Director	☐ General and/or Managing Partne
Full Name (Last name first,	if individual)				
Yigal Dan Rubinstein					
Business or Residence Addi	ress (Number an	nd Street, City, State, Zip Code)		
	`	• • • • • •	,		
	0 Freedom Circl	ld Street, City, State, Zip Code le, Suite 103, Santa Clara, G Beneficial Owner	,	⊠ Director	☐ General and/or Managing Partne
c/o Reflectivity, Inc., 391	0 Freedom Circl Promoter	le, Suite 103, Santa Clara, 0	CA 95054	⊠ Director	☐ General and/or Managing Partne
c/o Reflectivity, Inc., 391 Check Box(es) that Apply: Full Name (Last name first,	0 Freedom Circl Promoter	le, Suite 103, Santa Clara, 0	CA 95054	⊠ Director	
c/o Reflectivity, Inc., 391 Check Box(es) that Apply:	0 Freedom Circl ☐ Promoter if individual)	le, Suite 103, Santa Clara, 0	CA 95054 □ Executive Officer	⊠ Director	
c/o Reflectivity, Inc., 391 Check Box(es) that Apply: Full Name (Last name first, Ronald Chwang Business or Residence Addi	0 Freedom Circl ☐ Promoter if individual) ress (Number an	le, Suite 103, Santa Clara, G Beneficial Owner and Street, City, State, Zip Code	CA 95054 □ Executive Officer		
c/o Reflectivity, Inc., 391 Check Box(es) that Apply: Full Name (Last name first, Ronald Chwang Business or Residence Addi	0 Freedom Circl ☐ Promoter if individual) ress (Number an	le, Suite 103, Santa Clara, (Beneficial Owner	CA 95054 □ Executive Officer		
c/o Reflectivity, Inc., 391 Check Box(es) that Apply: Full Name (Last name first, Ronald Chwang Business or Residence Addr c/o Acer Technology Ve Check Box(es) that Apply:	O Freedom Circl Promoter if individual) ress (Number and entures, 5201 Gr	le, Suite 103, Santa Clara, G Beneficial Owner and Street, City, State, Zip Code	Executive Officer Executive Officer 270, Santa Clara, CA 95	054	Managing Partne ☐ General and/or
c/o Reflectivity, Inc., 391 Check Box(es) that Apply: Full Name (Last name first, Ronald Chwang Business or Residence Addr	O Freedom Circl Promoter if individual) ress (Number and entures, 5201 Gr	le, Suite 103, Santa Clara, G Beneficial Owner and Street, City, State, Zip Code	Executive Officer Executive Officer 270, Santa Clara, CA 95	054	Managing Partne ☐ General and/or
c/o Reflectivity, Inc., 391 Check Box(es) that Apply: Full Name (Last name first, Ronald Chwang Business or Residence Addr c/o Acer Technology Ve Check Box(es) that Apply: Full Name (Last name first, David Leeson	O Freedom Circl ☐ Promoter if individual) ress (Number an entures, 5201 Gr ☐ Promoter if individual)	le, Suite 103, Santa Clara, G Beneficial Owner and Street, City, State, Zip Code	Executive Officer Executive Officer 270, Santa Clara, CA 950 Executive Officer	054	Managing Partne ☐ General and/or
c/o Reflectivity, Inc., 391 Check Box(es) that Apply: Full Name (Last name first, Ronald Chwang Business or Residence Addi c/o Acer Technology Ve Check Box(es) that Apply: Full Name (Last name first, David Leeson Business or Residence Addi	O Freedom Circl Promoter if individual) ress (Number and Promoter if individual) ress (Number and Promoter)	Beneficial Owner and Street, City, State, Zip Code Beneficial Owner Beneficial Owner	Executive Officer 270, Santa Clara, CA 950 Executive Officer	054	Managing Partne ☐ General and/or
c/o Reflectivity, Inc., 391 Check Box(es) that Apply: Full Name (Last name first, Ronald Chwang Business or Residence Addi c/o Acer Technology Ve Check Box(es) that Apply: Full Name (Last name first, David Leeson Business or Residence Addi	O Freedom Circle Promoter if individual) ress (Number and Promoter if individual) ress (Number and Promoter if individual) ress (Number and Promoter)	le, Suite 103, Santa Clara, C Beneficial Owner ad Street, City, State, Zip Code eat America Parkway, Suite Beneficial Owner	Executive Officer 270, Santa Clara, CA 950 Executive Officer	054	Managing Partne ☐ General and/or
c/o Reflectivity, Inc., 391 Check Box(es) that Apply: Full Name (Last name first, Ronald Chwang Business or Residence Addi c/o Acer Technology Ve Check Box(es) that Apply: Full Name (Last name first, David Leeson Business or Residence Addi c/o Stanford University,	O Freedom Circle Promoter if individual) ress (Number and Promoter if individual) ress (Number and Promoter if individual) ress (Number and Promoter and Promoter) Promoter	Beneficial Owner d Street, City, State, Zip Code eat America Parkway, Suite Beneficial Owner	Executive Officer 270, Santa Clara, CA 950 Executive Officer	054 ⊠ Director	Managing Partne General and/or Managing Partne General and/or
c/o Reflectivity, Inc., 391 Check Box(es) that Apply: Full Name (Last name first, Ronald Chwang Business or Residence Addr c/o Acer Technology Ve Check Box(es) that Apply: Full Name (Last name first, David Leeson Business or Residence Addr c/o Stanford University, Check Box(es) that Apply:	O Freedom Circle Promoter if individual) ress (Number and Promoter if individual) ress (Number and Promoter if individual) ress (Number and Promoter and Promoter) Promoter	Beneficial Owner d Street, City, State, Zip Code eat America Parkway, Suite Beneficial Owner	Executive Officer 270, Santa Clara, CA 950 Executive Officer	054 ⊠ Director	Managing Partne General and/or Managing Partne General and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- · Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial	Owner	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Fred Wong			
Business or Residence Address (Number and Street, City, Stat	te, Zip Code)		
c/o InveStar Capital, 1737 North First Street, Suite 650, Sa			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial	Owner Executive Officer		☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Tsang, Kai			
Business or Residence Address (Number and Street, City, Stat	te, Zip Code)		
C/o VentureTech Alliance, LLC, 2585 Junction Avenue, Sa	an Jose, CA 95134		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial	Owner	☐ Director	☐ General and/or
Orcland, Inc.			Managing Partner
Full Name (Last name first, if individual)	Mil V		
c/o Sony Corporation of America, 550 Madison Ave., 5th F	Floor New York NY 10022		
Business or Residence Address (Number and Street, City, Stat			·
240 mess of residence reactors (realmost and subset, only, state	ie, zip code)		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial	Owner Executive Officer	☐ Director	☐ General and/or Managing Partner
*InveStar entities			
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, Stat	te, Zip Code)		
3600 Pruneridge Ave., #300, Santa Clara, CA 95051			
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial	Owner Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
InFocus Systems			
Business or Residence Address (Number and Street, City, Stat	te, Zip Code)		,,
27700B SW Parkway Ave., Wilsonville, OR 97070-9215			
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial	Owner	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State	te Zin Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

^{*}InveStar entities include: InveStar Semiconductor Development Fund, Inc.; InveStar Burgeon Venture Capital, Inc.; InveStar Dayspring Venture Capital, Inc.; InveStar Semiconductor Development Fund, Inc. (II) LDC.

B. INFORMATION ABOUT OFFERING				
	Yes No			
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?				
Answer also in Appendix, Column 2, if filing under ULOE.				
2. What is the minimum investment that will be accepted from any individual?				
3. Does the offering permit joint ownership of a single unit?				
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.				
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City, State, Zip Code)	<u> </u>			
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
				
(Check "All States" or check individual States)	☐ All States [ID] [MO] [PA] [PR]			
Full Name (Last name first, if individual)				
run Name (Last name first, ii murviduai)				
Business or Residence Address (Number and Street, City, State, Zip Code)				
Data Strategy (Name of the Strategy of the Str				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)	☐ All States			
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[ID] [MO]			
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[PA]			
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]			
Full Name (Last name first, if individual)	-			
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)	☐ All States			
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]			
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[MO] [PA] [PR]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

b. Enter the difference between the aggregate offering price in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		DS
		\$ 7,815,202.45
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		
	Payments to Officers, Directors, &	Payments to
Salaries and fees	Affiliates	Others
Purchase of real estate	□ \$	\$
Purchase, rental or leasing and installation of machinery and equipment	□ \$	_ 🗆 \$
Construction or leasing of plant buildings and facilities	□ \$	_ □ \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$	-
Repayment of indebtedness	□ \$	\$
Working capital	 \$	
Other (specify):	□ \$	\$
	□ \$	\$
Column Totals	□ \$ <u>0</u>	_ \$0_
Total Payments Listed (column totals added)	× \$ <u>7</u>	,815,202.45
D. FEDERAL SIGNATURE	**********	The state of the s
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph	inge Commission, ι	ipon written request
Issuer (Print or Type) Signature	Da	te
Reflectivity, Inc. Mars J.	Se	eptember 26, 2002
Name of Signer (Print or Type) Title of Signer (Print or Type)		
Mavis Yee Assistant Secretary		

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)